

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000069339

FILED
Jan 28, 2009
Secretary of State

Entity Name: COMFORT CARE MEDICAL EQUIPMENT, INC.

Current Principal Place of Business:

4368 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4368 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-0451113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUNSELL, BRENDA J
4368 N FEDERAL HWY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COUNSELL, BRENDA J
Address: 4368 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: DVS (X) Delete
Name: HOSCH, SHANNON
Address: 5071 NW 85 RD
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change () Addition
Name: COUNSELL, BRENDA J
Address: 4368 N FEDERAL HWY
City-St-Zip: FT LAUDERDALE, FL 33308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA J COUNSELL

DPST

01/28/2009

Electronic Signature of Signing Officer or Director

Date